

Acupuncture Treatment Agreement & Understanding of Terms and Conditions

Voluntary Treatment

I hereby voluntarily consent to treatment by acupuncture. I understand that I may be treated with the insertion of needles and/or the application of heat to the skin. I understand that efficacy of treatment varies from person to person and that I have not been guaranteed any success concerning its uses and effects. I further understand that I am free to discontinue treatment at any time.

Possible Side Effects/Healing Reactions

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to treatment.

Unusual but potential risks of acupuncture include pneumothorax, spontaneous miscarriage and burns. Conventional medical care may also be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed physician.

Medical Referral

I understand that if there is a worsening of my ailment, or if it does not improve in the time estimated by the acupuncturist at the beginning of treatment, or if a new ailment or condition arises, that I should consult a licensed physician.

Infectious Disease/Clean Needle Procedures

I understand that there is infectious disease carried through the air, through physical contact, and through body fluids. I understand that my acupuncture practitioner follows universally prescribed precautions to guard against the spread of infection.

In the case of airborne infectious disease, such as colds or influenza, I understand that my practitioner will use necessary precautions when and where possible.

In the case of infectious disease spread by physical contact, such as smallpox, I understand that my practitioner will wash or sanitize his hands before seeing each patient to guard against contagion by contact.

In the case of bloodborne infections, such as hepatitis or HIV, I understand that my practitioner follows strict precautions. My practitioner uses only sterilized, prepackaged, disposable needles. Needles that are used for my treatment are used once, only on one location on me, and are inserted according to clean procedures based on nationally prescribed standards.

I understand that my questions about the safety of acupuncture and the precautions taken by my practitioner are most welcome and will be answered as fully as possible.

Payment & Cancellation of Appointments

The cost of treatment has been fully explained to me. I understand that the cost of acupuncture service is to be paid at the time of treatment. I further understand and agree that the expense of any returned checks must be covered by me. I understand that there will be an additional service charge of \$25 on any returned checks.

I understand that my practitioner invests time in preparing for each treatment and devotes time to my treatment—time which is lost and cannot be given to any other patient if I fail to appear for my treatment or fail to give at least 24 hours' notice. **In the case of cancellation I understand that full payment will be required for any non-emergency cancellation of an appointment with less than 24 hours' notice.** I further understand that whether a cancellation qualifies as an "emergency" will be decided through consultation with my acupuncturist and that acceptable notification will occur by phone or email.

Printed Name

Date

Signature

Signature of Parent or Guardian

Address

City, State

Telephone number

Email